

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc PH	4 20/00	
O.I.P.E. CLASSIFIER		9/29	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59593 59573	6-16-00 8-30-00	

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted 0 Objected

Claim	Final	Original	Date
1	①	①	7/16/00
2	✓	✓	7/16/00
3	✓	✓	7/16/00
4	✓	✓	7/16/00
5	✓	✓	7/16/00
6	✓	✓	7/16/00
7	✓	✓	7/16/00
8	✓	✓	7/16/00
9	✓	✓	7/16/00
10	✓	✓	7/16/00
11	✓	✓	7/16/00
12	✓	✓	7/16/00
13	✓	✓	7/16/00
14	✓	✓	7/16/00
15	✓	✓	7/16/00
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17	✓	✓	7/16/00
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21	✓	✓	7/16/00
22	✓	✓	7/16/00
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24	✓	✓	7/16/00
25	✓	✓	7/16/00
26	✓	✓	7/16/00
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If more than 150 claims or 10 actions
stapl additional sheet here

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